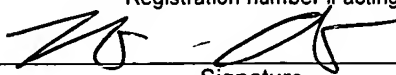




EPW

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) MIY-P01-024	
Application Number 10/642,395		Filed August 14, 2003	
For SYSTEMS, METHODS AND DEVICES RELATING TO DELIVERY OF MEDICAL IMPLANTS			
Art Unit 3773		Examiner Melissa K. Ryckman	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	05/22/2008 SDENR083 00000022 181945 10642395	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	01 FC:1251 120.00 DA	
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 60,386			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
 Signature		May 19, 2008 Date	
Richard G. Allison Typed or printed name		(617) 951-7282 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 5/19/08

Signature:  (Cindyanne Holmes)



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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2008**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

MIY-P01-024

Application Number 10/642,395

Filed August 14, 2003

For SYSTEMS, METHODS AND DEVICES RELATING TO DELIVERY OF MEDICAL IMPLANTS

Art Unit 3773

Examiner Melissa K. Ryckman

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☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

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☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

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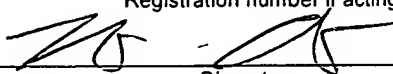
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☒ attorney or agent of record. Registration Number 60,386

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34


Signature

May 19, 2008

Date

Richard G. Allison

Typed or printed name

(617) 951-7282

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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